

## Fill in this information to identify your case:

|  |                       |             |           |
|--|-----------------------|-------------|-----------|
| Debtor 1   | <u>Edin Astudillo</u> |             |           |
|  | First Name            | Middle Name | Last Name |
| Debtor 2<br>(Spouse, if filing)                                      |                       |             |           |
|  | First Name            | Middle Name | Last Name |
| United States Bankruptcy Court for the: Eastern District of New York |                       |             |           |
| Case number<br>(if known)  | <u>1-19-40173-ess</u> |             |           |
|  | (State)               |             |           |

CLERK  
U.S. BANKRUPTCY COURT  
EASTERN DISTRICT OF  
NEW YORK

2019 JAN 24 4:10:50 PM  
Check if this is an  
amended filing

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## Official Form 106C

## Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

## Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own<br><br>Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim<br><br>Check only one box for each exemption.   | Specific laws that allow exemption |
|--|---|---|------------------------------------|
| Brief description: <u>2 Family House</u><br>Line from <i>Schedule A/B</i> : _____          | \$ <u>580,000</u>   | <input type="checkbox"/> \$ <u>100%</u><br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Brief description: _____<br>Line from <i>Schedule A/B</i> : _____                          | \$ _____  | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit       | _____                              |
| Brief description: _____<br>Line from <i>Schedule A/B</i> : _____                          | \$ _____  | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit       | _____                              |

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☒ No  
☐ Yes

Debtor 1

Edith Astudillo  
 First Name Middle Name Last Name

Case number (if known) 1-19-40173-ess**Part 2: Additional Page**

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own<br>Copy the value from Schedule A/B | Amount of the exemption you claim<br>Check only one box for each exemption  | Specific laws that allow exemption |
|---|--|---|------------------------------------|
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |
| Brief description: _____<br>Line from Schedule A/B: _____                           | \$ _____   | <input type="checkbox"/> \$ _____<br><input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | _____                              |

## Fill in this information to identify your case:

Debtor 1 Edith Astudillo  
 First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number 1-19-40173-ess  
 (If known)

☐ Check if this is an amended filing

## Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A<br>Amount of claim<br>Do not deduct the<br>value of collateral. | Column B<br>Value of collateral<br>that supports this<br>claim | Column C<br>Unsecured<br>portion<br>if any |
|--|--|--|
|--|--|--|

|   |   |   |                              |
|---|---|---|------------------------------|
| 2.1   | HSBC Bank<br>452 Fifth Ave<br>Number Street<br>New York NY<br>City State ZIP Code | Describe the property that secures the claim:<br>2 Family House   | \$ _____ \$ 580,000 \$ _____ |
| Who owes the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim relates to a community debt |   | As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Nature of lien. Check all that apply.<br><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br><input type="checkbox"/> Judgment lien from a lawsuit<br><input type="checkbox"/> Other (including a right to offset) _____ |                              |
| Date debt was incurred _____  |   | Last 4 digits of account number _____   |                              |

|  |  |   |                            |
|--|--|---|----------------------------|
| 2.2  | _____<br>Creditor's Name<br>_____<br>Number Street<br>_____<br>City State ZIP Code | Describe the property that secures the claim:<br>_____  | \$ _____ \$ _____ \$ _____ |
| Who owes the debt? Check one.<br><input type="checkbox"/> Debtor 1 only<br><input type="checkbox"/> Debtor 2 only<br><input type="checkbox"/> Debtor 1 and Debtor 2 only<br><input type="checkbox"/> At least one of the debtors and another<br><input type="checkbox"/> Check if this claim relates to a community debt |  | As of the date you file, the claim is: Check all that apply.<br><input type="checkbox"/> Contingent<br><input type="checkbox"/> Unliquidated<br><input type="checkbox"/> Disputed<br>Nature of lien. Check all that apply.<br><input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)<br><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)<br><input type="checkbox"/> Judgment lien from a lawsuit<br><input type="checkbox"/> Other (including a right to offset) _____ |                            |
| Date debt was incurred _____   |  | Last 4 digits of account number _____   |                            |

Add the dollar value of your entries in Column A on this page. Write that number here: \$ \_\_\_\_\_

Debtor 1

Edith Astudillo  
 First Name Middle Name Last Name

Case number (if known)

1-19-40173-ess**Additional Page****Part 1:**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim  
Do not deduct the  
value of collateral.

Column B

Value of collateral  
that supports this  
claim

Column C

Unsecured  
portion  
if any

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name

Number Street

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)  
☐ Statutory lien (such as tax lien, mechanic's lien)  
☐ Judgment lien from a lawsuit  
☐ Other (including a right to offset) \_\_\_\_\_

Who owes the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ \_\_\_\_\_

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$ \_\_\_\_\_

25

Debtor 1

Edith Astudillo  
 First Name Middle Name Last Name

Case number (if known) 1-19-40173-ess

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

☐

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

## Fill in this information to identify your case:

Debtor 1 Edith Astudillo  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number 1-19-40173-ess  
 (If known)

☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
 (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

Priority Creditor's Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

2.2

Priority Creditor's Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor 1

First Name Middle Name Last Name

Case number (if known)

1-19-40173-ess

**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim

Priority  
amountNonpriority  
amount☐

Priority Creditor's Name

Last 4 digits of account number

\$

\$

\$

Number Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Is the claim subject to offset?

- ☐ No  
☐ Yes

☐

Priority Creditor's Name

Last 4 digits of account number

\$

\$

\$

Number Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Is the claim subject to offset?

- ☐ No  
☐ Yes

☐

Priority Creditor's Name

Last 4 digits of account number

\$

\$

\$

Number Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify

Is the claim subject to offset?

- ☐ No  
☐ Yes

Debtor 1

First Name

Middle Name

Last Name

Edgar Asteduko

Case number (if known)

1-19-40173-ess

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☒ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☐ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

4.1

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

Number Street

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

4.2

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

Number Street

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

4.3

Nonpriority Creditor's Name

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

Number Street

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_



Debtor 1

First Name

Middle Name

Last Name

Edith A Studillo

Case number (if known)

1-19-40173-ess

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

☐

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

☐

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

☐

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☐ Other. Specify \_\_\_\_\_

Debtor 1

First Name

Middle Name

Last Name

Edith Astudillo

Case number (if known) 1-19-40173-ess

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1

Edith Astudillo  
 First Name Middle Name Last Name

Case number (if known) 1-19-40173-ess**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

**Total claims from Part 1**

6a. Domestic support obligations

6a. \$ 0

6b. Taxes and certain other debts you owe the government

6b. \$ 0

6c. Claims for death or personal injury while you were intoxicated

6c. \$ 0

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ 0

6e. Total. Add lines 6a through 6d.

6e. \$ 0**Total claim****Total claims from Part 2**

6f. Student loans

6f. \$ 0

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ 0

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ 0

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ 0

6j. Total. Add lines 6f through 6i.

6j. \$ 0**Total claim**

## Fill in this information to identify your case:

Debtor

Edith Asnedillo  
 First Name Middle Name Last Name

Debtor 2

(Spouse if filing)

First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number  
(if known)

1-19-40173-ess

☐ Check if this is an amended filing

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

## 1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1

Name

Number Street

City State ZIP Code

2.2

Name

Number Street

City State ZIP Code

2.3

Name

Number Street

City State ZIP Code

2.4

Name

Number Street

City State ZIP Code

2.5

Name

Number Street

City State ZIP Code

Debtor 1

Eddth A. Stedillo  
 First Name Middle Name Last Name

Case number (if known) 1-19-40173-ess**Additional Page if You Have More Contracts or Leases**

Person or company with whom you have the contract or lease

What the contract or lease is for

22

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

2.

Name

Number Street

City State ZIP Code

## Fill in this information to identify your case:

Debtor 1 Edith Astudillo  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number 1-19-40173-ess  
 (If known)

☐ Check if this is an amended filing

## Official Form 106H

## Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☒ No  
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☐ Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

## Column 1: Your codebtor

## Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 City State ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 City State ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

3.3

Name \_\_\_\_\_  
 Number Street \_\_\_\_\_  
 City State ZIP Code \_\_\_\_\_

- ☐ Schedule D, line \_\_\_\_\_  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G, line \_\_\_\_\_

Debtor 1

Edith Asnedo

First Name Middle Name Last Name

Case number (if known)

1-19-40173-ess

**Additional Page to List More Codebtors**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.\_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1

Edith Astudillo  
 First Name Middle Name Last Name

Debtor 2

(Spouse, if filing)

First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number  
(If known)

1-19-40173-ess

Check if this is:

☐ An amended filing☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

☒ Employed  
☐ Not employed

☐ Employed  
☐ Not employed

**Occupation**

Cleaning

**Employer's name**

Edith cleaning

**Employer's address**

87-25 Kings

Number Street

Number Street

Jamaica 11432  
 City State ZIP Code

City State ZIP Code

**How long employed there?**

5

**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

**For Debtor 1****For Debtor 2 or non-filing spouse**

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2.

\$1660

\$

3. Estimate and list monthly overtime pay.

3.

+\$0

+\$

4. Calculate gross income. Add line 2 + line 3.

4.

\$1660

\$



Debtor 1

Eddih Astedillo  
 First Name Middle Name Last Name

Case number (if known)

1-19-40173-ess

|   | For Debtor 1       | For Debtor 2 or non-filing spouse |
|---|--------------------|-----------------------------------|
| Copy line 4 here..... → 4.  | \$ <u>1660</u>     | \$ _____                          |
| <b>5. List all payroll deductions:</b>  |                    |                                   |
| 5a. Tax, Medicare, and Social Security deductions   | 5a. \$ <u>0</u>    | \$ _____                          |
| 5b. Mandatory contributions for retirement plans  | 5b. \$ <u>0</u>    | \$ _____                          |
| 5c. Voluntary contributions for retirement plans  | 5c. \$ <u>0</u>    | \$ _____                          |
| 5d. Required repayments of retirement fund loans  | 5d. \$ <u>0</u>    | \$ _____                          |
| 5e. Insurance   | 5e. \$ <u>0</u>    | \$ _____                          |
| 5f. Domestic support obligations  | 5f. \$ <u>0</u>    | \$ _____                          |
| 5g. Union dues  | 5g. \$ <u>0</u>    | \$ _____                          |
| 5h. Other deductions. Specify: _____  | 5h. + \$ _____     | + \$ _____                        |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.   | 6. \$ <u>0</u>     | \$ _____                          |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  | 7. \$ <u>1660</u>  | \$ _____                          |
| <b>8. List all other income regularly received:</b>   |                    |                                   |
| 8a. Net income from rental property and from operating a business, profession, or farm<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.   | 8a. \$ <u>0</u>    | \$ _____                          |
| 8b. Interest and dividends  | 8b. \$ <u>0</u>    | \$ _____                          |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c. \$ <u>0</u>    | \$ _____                          |
| 8d. Unemployment compensation   | 8d. \$ <u>0</u>    | \$ _____                          |
| 8e. Social Security   | 8e. \$ <u>0</u>    | \$ _____                          |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify: _____  | 8f. \$ <u>0</u>    | \$ _____                          |
| 8g. Pension or retirement income  | 8g. \$ <u>0</u>    | \$ _____                          |
| 8h. Other monthly income. Specify: _____  | 8h. + \$ _____     | + \$ _____                        |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.   | 9. \$ <u>0</u>     | \$ _____                          |
| 10. Calculate monthly income. Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$ <u>1660</u> | \$ <u>1660</u>                    |
| 11. State all other regular contributions to the expenses that you list in Schedule J.<br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.<br>Specify: _____ | 11. + \$ <u>0</u>  |                                   |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.<br>Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies   | 12. \$ <u>1660</u> |                                   |
| Combined monthly income   |                    |                                   |
| 13. Do you expect an increase or decrease within the year after you file this form?<br><input checked="" type="checkbox"/> No.<br><input type="checkbox"/> Yes. Explain: _____  |                    |                                   |

**Fill in this information to identify your case:**

Debtor 1

First Name

Middle Name

Last Name

Edith Astudillo

Debtor 2

(Spouse, if filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number  
(if known)

1-19-40173-ess

Check if this is:

☐ An amended filing☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household****1. Is this a joint case?**☒ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☒ No☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes**3. Do your expenses include expenses of people other than yourself and your dependents?**☒ No☐ Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

**4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.****If not included in line 4:**

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

Your expenses

4. \$ 2,500.00

4a. \$ 150.00

4b. \$ 0

4c. \$ 100.00

4d. \$ 0

Debtor 1

Edith As Redullo  
 First Name Middle Name Last Name

Case number (if known) 1-19-40173-ess**Your expenses**5. **Additional mortgage payments for your residence, such as home equity loans**

5. \$ \_\_\_\_\_

6. **Utilities:**

6a. Electricity, heat, natural gas

6a. \$ 150.00

6b. Water, sewer, garbage collection

6b. \$ 175.00

6c. Telephone, cell phone, Internet, satellite, and cable services

6c. \$ 125.00

6d. Other. Specify: \_\_\_\_\_

6d. \$ \_\_\_\_\_

7. **Food and housekeeping supplies**

7. \$ \_\_\_\_\_

8. **Childcare and children's education costs**8. \$ 09. **Clothing, laundry, and dry cleaning**9. \$ 50.0010. **Personal care products and services**10. \$ 25.0011. **Medical and dental expenses**11. \$ 012. **Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

12. \$ 175.0013. **Entertainment, clubs, recreation, newspapers, magazines, and books**13. \$ 100.0014. **Charitable contributions and religious donations**14. \$ 015. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a. \$ 0

15b. Health insurance

15b. \$ 0

15c. Vehicle insurance

15c. \$ 0

15d. Other insurance. Specify: \_\_\_\_\_

15d. \$ 125.0016. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$ \_\_\_\_\_

17. **Installment or lease payments:**

17a. Car payments for Vehicle 1

17a. \$ 0

17b. Car payments for Vehicle 2

17b. \$ 0

17c. Other. Specify: \_\_\_\_\_

17c. \$ 0

17d. Other. Specify: \_\_\_\_\_

17d. \$ 018. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**18. \$ 019. **Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

19. \$ 020. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property

20a. \$ 0

20b. Real estate taxes

20b. \$ 0

20c. Property, homeowner's, or renter's insurance

20c. \$ 0

20d. Maintenance, repair, and upkeep expenses

20d. \$ 0

20e. Homeowner's association or condominium dues

20e. \$ 0

Debtor 1

Edan Asmedillo  
 First Name Middle Name Last Name

Case number (if known) 1-19-40173-ess

21. Other. Specify: \_\_\_\_\_

21. +\$ 0

## 22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 925.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ 0

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 925.00

## 23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ 1660

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 925.00

23c. Subtract your monthly expenses from your monthly income.  
The result is your *monthly net income*.

23c. \$ 735.00

## 24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here:

## Fill in this information to identify your case:

Debtor 1 Edith Astudillo  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York

Case number 1-19-40173-ess  
 (If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J-2

## Schedule J-2: Expenses for Separate Household of Debtor 2

12/15

Use this form for Debtor 2's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form. Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J. Be as complete and accurate as possible. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Do you and Debtor 1 maintain separate households?

- ☒ No. Do not complete this form.
- ☐ Yes

## 2. Do you have dependents?

Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J.

Do not state the dependents' names.

☒ No

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 2:

Dependent's age

Does dependent live with you?

- ☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes  
☐ No  
☐ Yes

## 3. Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1?

- ☒ No
- ☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4. \$ 2500.00

4a. \$ 125.00

4b. \$ 0

4c. \$ 100.00

4d. \$ 0

Debtor 1

Edith Asmedillo  
 First Name Middle Name Last Name

Case number (if known)

1-19-40173-ess**Your expenses**5. **Additional mortgage payments for your residence**, such as home equity loans

5.

\$ 66. **Utilities:**

6a. Electricity, heat, natural gas

6a.

\$ 125.00

6b. Water, sewer, garbage collection

6b.

\$ 125.00

6c. Telephone, cell phone, Internet, satellite, and cable services

6c.

\$ 100.00

6d. Other. Specify: \_\_\_\_\_

6d.

\$ 100.007. **Food and housekeeping supplies**

7.

\$ 100.008. **Childcare and children's education costs**

8.

\$ 09. **Clothing, laundry, and dry cleaning**

9.

\$ 25.0010. **Personal care products and services**

10.

\$ 25.0011. **Medical and dental expenses**

11.

\$ 012. **Transportation.** Include gas, maintenance, bus or train fare.  
Do not include car payments.

12.

\$ 175.0013. **Entertainment, clubs, recreation, newspapers, magazines, and books**

13.

\$ 014. **Charitable contributions and religious donations**

14.

\$ 015. **Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance

15a.

\$ 0

15b. Health insurance

15b.

\$ 0

15c. Vehicle insurance

15c.

\$ 0

15d. Other insurance. Specify: \_\_\_\_\_

15d.

\$ 016. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.  
Specify: \_\_\_\_\_

16.

\$ 017. **Installment or lease payments:**

17a. Car payments for Vehicle 1

17a.

\$ 0

17b. Car payments for Vehicle 2

17b.

\$ 0

17c. Other. Specify: \_\_\_\_\_

17c.

\$ 0

17d. Other. Specify: \_\_\_\_\_

17d.

\$ 018. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**

18.

\$ 019. **Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

19.

\$ 020. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property

20a.

\$ 2550.00

20b. Real estate taxes

20b.

\$ 150.00

20c. Property, homeowner's, or renter's insurance

20c.

\$ 0

20d. Maintenance, repair, and upkeep expenses

20d.

\$ 0

20e. Homeowner's association or condominium dues

20e.

\$ 0

Debtor 1

Edith Astudillo  
 First Name Middle Name Last Name

Case number (if known)

1-19-40173-ess

21. Other. Specify: \_\_\_\_\_

21. +\$ ~~925.00~~22. **Your monthly expenses.** Add lines 5 through 21.

The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2.

22.

\$

925.00

23. Line not used on this form.

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here:

## Fill in this information to identify your case:

Debtor 1 Edith Astudillo  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Eastern District of New York (State)

Case number 1-19-40173-ess  
 (If known)

☐ Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x Edith Astudillo x

Signature of Debtor 1

Signature of Debtor 2

Date 1 11 2019  
 MM / DD / YYYY

Date \_\_\_\_\_  
 MM / DD / YYYY



## Fill in this information to identify your case:

Debtor 1

First Name

Middle Name

Last Name

Debtor 2

(Spouse, if filing)

First Name

Middle Name

Last Name

United States Bankruptcy Court for the: Eastern District of New York

(State)

Case number  
(if known)

1-19-40173-ess

☐ Check if this is an amended filing

## Official Form 107

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

## 1. What is your current marital status?

- ☐ Married  
☒ Not married

## 2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1  
lived there

Debtor 2:

Dates Debtor 2  
lived there

Number Street

From

To

City

State ZIP Code

☐ Same as Debtor 1

Number Street

From

To

City

State ZIP Code

☐ Same as Debtor 1

Number Street

From

To

City

State ZIP Code

Number Street

From

To

City

State ZIP Code

## 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1

Edith Asmundo  
 First Name Middle Name Last Name

Case number (if known) 1-19-40173-ess.**Part 2: Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☒ No  
☐ Yes. Fill in the details.

| Debtor 1  |   | Debtor 2  |  |
|---|---|---|--|
| Sources of income<br>Check all that apply.                                    | Gross income<br>(before deductions and exclusions)  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy:       | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ _____<br>\$ _____                               |
| For last calendar year:<br>(January 1 to December 31, <u>yyy</u> )            | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ _____<br>\$ _____                               |
| For the calendar year before that:<br>(January 1 to December 31, <u>yyy</u> ) | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | <input type="checkbox"/> Wages, commissions, bonuses, tips<br><input type="checkbox"/> Operating a business | \$ _____<br>\$ _____                               |

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

| Debtor 1  |   | Debtor 2                             |   |
|---|---|--------------------------------------|---|
| Sources of income<br>Describe below.  | Gross income from each source<br>(before deductions and exclusions) | Sources of income<br>Describe below. | Gross income from each source<br>(before deductions and exclusions) |
| From January 1 of current year until the date you filed for bankruptcy:       | \$ _____<br>\$ _____<br>\$ _____                                    | \$ _____<br>\$ _____<br>\$ _____     |   |
| For last calendar year:<br>(January 1 to December 31, <u>yyy</u> )            | \$ _____<br>\$ _____<br>\$ _____                                    | \$ _____<br>\$ _____<br>\$ _____     |   |
| For the calendar year before that:<br>(January 1 to December 31, <u>yyy</u> ) | \$ _____<br>\$ _____<br>\$ _____                                    | \$ _____<br>\$ _____<br>\$ _____     |   |

Debtor 1

Edith Asudillo  
 First Name Middle Name Last Name

Case number (if known) 1-19-40173-ess**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☒ **No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☐ **Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

|   | Dates of payment | Total amount paid | Amount you still owe | Was this payment for...   |
|---|------------------|-------------------|----------------------|---|
| Creditor's Name _____<br>Number _____ Street _____<br>City _____ State _____ ZIP Code _____ | _____            | \$ _____          | \$ _____             | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other _____ |
| Creditor's Name _____<br>Number _____ Street _____<br>City _____ State _____ ZIP Code _____ | _____            | \$ _____          | \$ _____             | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other _____ |
| Creditor's Name _____<br>Number _____ Street _____<br>City _____ State _____ ZIP Code _____ | _____            | \$ _____          | \$ _____             | <input type="checkbox"/> Mortgage<br><input type="checkbox"/> Car<br><input type="checkbox"/> Credit card<br><input type="checkbox"/> Loan repayment<br><input type="checkbox"/> Suppliers or vendors<br><input type="checkbox"/> Other _____ |

Debtor 1

First Name

Middle Name

Last Name

Edith Astudillo

Case number (if known)

1-19-40173-ess

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? *Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No  
☐ Yes. List all payments to an insider.

| Dates of payment    | Total amount paid | Amount you still owe | Reason for this payment |
|---------------------|-------------------|----------------------|-------------------------|
| Insider's Name      | \$                | \$                   |                         |
| Number Street       |                   |                      |                         |
| City State ZIP Code |                   |                      |                         |
| Insider's Name      | \$                | \$                   |                         |
| Number Street       |                   |                      |                         |
| City State ZIP Code |                   |                      |                         |

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments that benefited an insider.

| Dates of payment    | Total amount paid | Amount you still owe | Reason for this payment<br>Include creditor's name |
|---------------------|-------------------|----------------------|--|
| Insider's Name      | \$                | \$                   |  |
| Number Street       |                   |                      |  |
| City State ZIP Code |                   |                      |  |
| Insider's Name      | \$                | \$                   |  |
| Number Street       |                   |                      |  |
| City State ZIP Code |                   |                      |  |

Debtor 1

Edith Astudillo  
 First Name Middle Name Last Name

Case number (if known) 1-19-40173-ess**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No  
☐ Yes. Fill in the details.

| Nature of the case        | Court or agency  | Status of the case   |
|---------------------------|--|--|
| Case title _____<br>_____ | Court Name _____<br>Number Street _____<br>City State ZIP Code _____ | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| Case number _____         |  |  |
| Case title _____<br>_____ | Court Name _____<br>Number Street _____<br>City State ZIP Code _____ | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| Case number _____         |  |  |

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

| Describe the property   | Date | Value of the property |
|---|------|-----------------------|
| Creditor's Name _____<br>Number Street _____<br>City State ZIP Code _____   |      | \$ _____              |
| <b>Explain what happened</b><br><input type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized, or levied. |      |                       |
| Creditor's Name _____<br>Number Street _____<br>City State ZIP Code _____   |      | \$ _____              |
| <b>Explain what happened</b><br><input type="checkbox"/> Property was repossessed.<br><input type="checkbox"/> Property was foreclosed.<br><input type="checkbox"/> Property was garnished.<br><input type="checkbox"/> Property was attached, seized, or levied. |      |                       |

Debtor 1

Edith Astudillo  
 First Name Middle Name Last Name

Case number (if known) 1-19-40173-ess

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☒ No☐ Yes. Fill in the details.

| Creditor's Name  | Describe the action the creditor took | Date action was taken | Amount   |
|--|---------------------------------------|-----------------------|----------|
| Number _____ Street _____<br>City _____ State _____ ZIP Code _____ |                                       |                       | \$ _____ |
|  |                                       |                       |          |

Last 4 digits of account number: XXXX- 7006

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

☒ No☐ Yes**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

☒ No☐ Yes. Fill in the details for each gift.

| Gifts with a total value of more than \$600 per person   | Describe the gifts | Dates you gave the gifts | Value    |
|--|--------------------|--------------------------|----------|
| Person to Whom You Gave the Gift _____<br>Number _____ Street _____<br>City _____ State _____ ZIP Code _____<br>Person's relationship to you _____ |                    |                          | \$ _____ |
|  |                    |                          | \$ _____ |
| Person to Whom You Gave the Gift _____<br>Number _____ Street _____<br>City _____ State _____ ZIP Code _____<br>Person's relationship to you _____ |                    |                          | \$ _____ |
|  |                    |                          | \$ _____ |

Debtor 1

Edith AS Rudolph

First Name Middle Name Last Name

Case number (if known) 1-19-40173-ess

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No☐ Yes. Fill in the details for each gift or contribution.

| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
|--|-------------------------------|----------------------|-------|
| Charity's Name   |                               |                      | \$    |
| Number Street  |                               |                      | \$    |
| City State ZIP Code  |                               |                      |       |

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No☐ Yes. Fill in the details.

| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss<br>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
|--|---|-------------------|------------------------|
|  |   |                   | \$                     |

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☒ No☐ Yes. Fill in the details.

| Person Who Was Paid                     | Description and value of any property transferred | Date payment or transfer was made | Amount of payment |
|---|---|-----------------------------------|-------------------|
| Number Street                           |   |                                   | \$                |
| City State ZIP Code                     |   |                                   | \$                |
| Email or website address                |   |                                   |                   |
| Person Who Made the Payment, if Not You |   |                                   |                   |

Debtor 1

Edith Astudillo  
 First Name Middle Name Last Name

Case number (if known) 1-19-40173-ess

| Description and value of any property transferred |  | Date payment or transfer was made | Amount of payment |
|---|--|-----------------------------------|-------------------|
| Person Who Was Paid                               |  |                                   | \$                |
| Number Street                                     |  |                                   | \$                |
| City State ZIP Code                               |  |                                   |                   |
| Email or website address                          |  |                                   |                   |
| Person Who Made the Payment, if Not You           |  |                                   |                   |

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
 Do not include any payment or transfer that you listed on line 16.

☒ No  
☐ Yes. Fill in the details.

| Description and value of any property transferred |  | Date payment or transfer was made | Amount of payment |
|---|--|-----------------------------------|-------------------|
| Person Who Was Paid                               |  |                                   | \$                |
| Number Street                                     |  |                                   | \$                |
| City State ZIP Code                               |  |                                   |                   |
|   |  |                                   |                   |

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
 Do not include gifts and transfers that you have already listed on this statement.

☒ No  
☐ Yes. Fill in the details.

| Description and value of property transferred |  | Describe any property or payments received or debts paid in exchange | Date transfer was made |
|---|--|--|------------------------|
| Person Who Received Transfer                  |  |  |                        |
| Number Street                                 |  |  |                        |
| City State ZIP Code                           |  |  |                        |
| Person's relationship to you                  |  |  |                        |
| Person Who Received Transfer                  |  |  |                        |
| Number Street                                 |  |  |                        |
| City State ZIP Code                           |  |  |                        |
| Person's relationship to you                  |  |  |                        |



Debtor 1

Edith Astudillo  
 First Name Middle Name Last Name

Case number (if known) 1-19-40173-ess

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

| Name of trust | Description and value of the property transferred | Date transfer was made |
|---------------|---|------------------------|
| _____         |   | _____                  |

### Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

| Name of Financial Institution   | Last 4 digits of account number | Type of account or instrument  | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|---|---------------------------------|--|--|---|
| Name of Financial Institution _____<br>Number Street _____<br>City State ZIP Code _____ | XXXX-____                       | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money market<br><input type="checkbox"/> Brokerage<br><input type="checkbox"/> Other _____ | _____  | \$ _____                                |
| Name of Financial Institution _____<br>Number Street _____<br>City State ZIP Code _____ | XXXX-____                       | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Money market<br><input type="checkbox"/> Brokerage<br><input type="checkbox"/> Other _____ | _____  | \$ _____                                |

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

| Name of Financial Institution   | Who else had access to it?                                     | Describe the contents | Do you still have it?                                       |
|---|--|-----------------------|---|
| Name of Financial Institution _____<br>Number Street _____<br>City State ZIP Code _____ | Name _____<br>Number Street _____<br>City State ZIP Code _____ |                       | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |

Debtor 1

Edith A Bredlow  
 First Name Middle Name Last Name

Case number (if known) 1-19-40173-ess

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No☐ Yes. Fill in the details.

| Who else has or had access to it? |                     | Describe the contents | Do you still have it?                                       |
|-----------------------------------|---------------------|-----------------------|---|
| Name of Storage Facility          | Name                |                       | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| Number Street                     | Number Street       |                       |   |
| City State ZIP Code               | City State ZIP Code |                       |   |
| City State ZIP Code               | City State ZIP Code |                       |   |

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No☐ Yes. Fill in the details.

| Where is the property? |                     | Describe the property | Value    |
|------------------------|---------------------|-----------------------|----------|
| Owner's Name           | Name                |                       | \$ _____ |
| Number Street          | Number Street       |                       |          |
| City State ZIP Code    | City State ZIP Code |                       |          |
| City State ZIP Code    | City State ZIP Code |                       |          |

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No☐ Yes. Fill in the details.

| Governmental unit   |                     | Environmental law, if you know it | Date of notice |
|---------------------|---------------------|-----------------------------------|----------------|
| Name of site        | Governmental unit   |                                   |                |
| Number Street       | Number Street       |                                   |                |
| City State ZIP Code | City State ZIP Code |                                   |                |
| City State ZIP Code | City State ZIP Code |                                   |                |

Debtor 1

Edith A. Smedley  
 First Name Middle Name Last Name

Case number (if known) 1-19-40173-ess

## 25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

| Governmental unit   |                     | Environmental law, if you know it | Date of notice |
|---------------------|---------------------|-----------------------------------|----------------|
| Name of site        | Governmental unit   |                                   |                |
| Number Street       | Number Street       |                                   |                |
|                     | City State ZIP Code |                                   |                |
| City State ZIP Code |                     |                                   |                |

## 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

| Court or agency     | Nature of the case | Status of the case   |
|---------------------|--------------------|--|
| Case title          |                    | <input type="checkbox"/> Pending<br><input type="checkbox"/> On appeal<br><input type="checkbox"/> Concluded |
| Court Name          |                    |  |
| Number Street       |                    |  |
| Case number         |                    |  |
| City State ZIP Code |                    |  |

**Part 11: Give Details About Your Business or Connections to Any Business**

## 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☒ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.  
☐ Yes. Check all that apply above and fill in the details below for each business.

|   |   |  |
|---|---|--|
| Business Name<br><br>Number Street<br><br>City State ZIP Code | Describe the nature of the business           | Employer Identification number<br>Do not include Social Security number or ITIN. |
|   | Name of accountant or bookkeeper              | EIN: _____   |
|   | Dates business existed<br>From _____ To _____ |  |
| Business Name<br><br>Number Street<br><br>City State ZIP Code | Describe the nature of the business           | Employer Identification number<br>Do not include Social Security number or ITIN. |
|   | Name of accountant or bookkeeper              | EIN: _____   |
|   | Dates business existed<br>From _____ To _____ |  |



Debtor 1

Edy A Stedillo  
First Name Middle Name Last Name

Case number (if known)

1-19-40173-ess.**Part 4:****Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

x Edy A Stedillo  
Signature of Debtor 1

x \_\_\_\_\_  
Signature of Debtor 2

Date \_\_\_\_\_  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY